

Florida Department of State

Division of Corporations Public Access System

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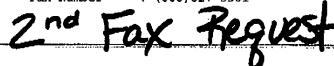
: BUSINESS FILINGS

Phone

(608)827-5300

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REGISTERED AGENT CHANGE

LBT26 BIO GROUP LLC

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EXAMINER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the li	mited liability company is:	LB126 Bio Group LLC		
2. The mailing addre	ess of the limited liability co	mpany is:		
8475 NW 60TH AVE, 0	Ocala, Florida 34482			
11/8/2006		£.06000108583		
3. Date of filing/registration in Florida		4. Document num	4. Document number	
5. The name of the re Florida Departmen	gistered agent and the regis t of State:	tered office address as shown o	n the records of the	
	Gabriel Vasile			
	8475 NW 60TH AVE	Name		
		Address		
	OCALA, Florida 34482			
City, State and Zip		State and Zip	08 SEI SEI	
6. The name and addr	ress of the new registered ag	gent and/or office:	LAHA F	
	Business Filings Incorpor	rated	TIL AR	
	Name 1203 Governors Square Blvd, Suite 101		29 A	
	Florida street address	(P.O. Box NOT acceptable)	FEST/	
	Tallahassee, Florida, 32301	-2960	IO: 19	
		tate and Zip	•	
and the business office liability company, it is the members of the lift the operating agreement.	the change or changes are made of the registered agent will be hereby confirmed that the mited liability company or agent of the limited liability company.	ander the laws of the State of Flade, the Florida street address of libe identical. Or, in the case of change(s) was/were authorized as otherwise provided in the artiformpany.	f the registered office f a Florida limited	
Gabriel Vasile			·	
(Printed or typed name of sig	gnœ)		•	
I hereby accept the a comply with the provi and I am familiar with Chapter 608, F.S. Or address, I hereby conj	ppointment as registered as sions of all statutes relative h and accept the obligations i if this document is being f firm that the limited liability	eent and agree to act in this cap i to the proper and complete per s of my position as registered as iled to merely reflect a change i y company has been notified in	acity. I further agree to formance of my duties, zent as provided for in In the registered office writing of this change.	
(Signature of Registered Age	Mark Williams A.V.P., Busin		- ,	
Div	vision of Corporations, P.C	D. Box 6327, Tallahassee, FL	32314	
INHS18(10/99)	FILIN	G FEE: \$25.00		

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